

Housing Benefit - Application for Local Housing Allowance payments to be made direct to a landlord

The Housing Benefit rules tell us to pay Local Housing Allowance (LHA) to the claimant but in certain circumstances, we can decide to make payments to the landlord.

The information provided in this form will help us to decide whether or not we should pay LHA directly to the landlord.

**Claimant details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name(s) |  | | | |
| Address |  | | | |
| Claim reference |  | | | |
| Telephone number |  | | | |
| Email address |  | | | |
| Who is completing this form? | Claimant |  | Helper or representative |  |
| *If you are completing this form on behalf of the claimant, please complete your details at the end of the form. The form must be signed by the claimant.* | | | | |

**Special Circumstances**

|  |  |
| --- | --- |
| Tell us about any health problems or disabilities you have, that cause you problems paying your rent  This includes physical disabilities, medical conditions, mental health problems and learning disabilities |  |
| Tell us if you are dealing with addiction problems, for example drugs, alcohol or gambling, that may cause you problems paying your rent |  |
| Please tell us about any recent changes that mean you need additional support, or if you anticipate any in the near future? |  |
| Please tell us if you have had any previous problems in maintaining rent payments, or other household bills? |  |
| Do you currently have rent arrears?  If so, how much are the arrears?  Please give the dates of the arrears  Has the landlord taken any action to recover the rent, for example a notice seeking possession, or court action? |  |
| Please give details of any other debts you may have? |  |
| Does you get support from an agency, organisation, friend or family member to help make rent payments? |  |
| Do you have deductions made from other income, such as Department of Work and Pensions benefits (DWP) to help repay debts? |  |

**Please include written proof where possible to support your request, for example letters from your General Practitioner, health professional, social worker, probation officer or bills or court orders for any debts that are owed.**

**Declaration**

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| All the information I have given is true and complete as far as I know.  I accept that you may decide to pay my Housing Benefit to my landlord.  I will contact the Derby Benefits at Derby City Council if my circumstances change and I feel I am able to able to receive my Housing Benefit payments myself.  I have read and understood the declaration.  Signature Date |

**To be completed by helper (if applicable)**

|  |  |
| --- | --- |
| I have completed this form on behalf of the claimant. I haveread andexplained each part of the statement and the details given are those recorded. | |
| Please tell us why you are completing this form on behalf of the person claiming |  |
| Signature of helper |  |
| Name of helper |  |
| Relationship to the person claiming |  |

**Data Protection**

The information contained on this form will be used by your Local Authority for the purposes indicated and will only be further used or transferred to other organisations as the law permits

Please return this form to Derby Benefits, Derby City Council, The Council House, Corporation Street, Derby DE1 2FS